PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10828357

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					100.0	· ·	1	RATE	FEE	7 7	RATE		
			33		· ·				 			FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 3 minus 20=		• 13			X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS			5 minus 3 =		_	2		X43=		OR	X86=	172	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	ESENT				+145=		OR	+290=	0	
* If	the difference	in column 1 is	less than ze	zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	1116	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
		(Column 1)	(Column 2			(Column 3)	· ·_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CLAINA	=	I	X43=		OR	X86=		
<u> </u>	FIRST PRESE	INTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
	•	-	ADDIT. FEE			ADDII. FEET							
		(Column 1) CLAIMS		(Colun	EST	(Column 3)	Ιг		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┠						
·								+145=		OR	+290=	•	
		A	TOTAL DDIT. FEE	•	OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)												,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nu	mber Previously Pa	id For IN THIS	S SPACE is	less than	n 20, enter "20."	· · A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		mber Previously Painber Previously Pain						. –	ropriate box				